

**From:** Melissa Hansen [mailto:melissa.hansen@ncsl.org]  
**Sent:** Friday, September 28, 2007 3:03 PM  
**To:** Bell, Kris [LEGIS]; Furlong, Zeke [LEGIS]; Funaro, Patty [LEGIS]  
**Subject:**

**Hello.**

**Laura Tobler asked me to send you resources on a few topics to follow-up on her recent presentation. Please let me know if you need additional materials or about questions regarding what I have included in this email.**

#### **Chronic Disease Management**

<http://healthvermont.gov/blueprint.aspx>

Vermont BluePrint

VT BluePrint Legislative Report (attached)

#### **Private/public Partnerships**

[Arkansas Safety Net Benefit Program](#) aims to increase health insurance coverage through a public/private partnership that will provide a "safety net" benefit package to approximately 50,000 uninsured individuals over 5 years.

[Tennessee's Cover Tennessee](#) is a market based public/private partnership plan for small employers and uninsured workers with incomes below 250 percent of FPL.

Cover Tennessee is basic, major medical coverage for \$150 a month with the cost shared equally by the individual, employer, and state government.

#### **Dependent Coverage / Young Adults**

Rite of Passage, Collins (attached)

<http://www.ncsl.org/programs/health/dependentstatus.htm>

#### **Subsidies for low-income families (working families)**

Examples (please right click on the link and select "open hyperlink" to get more information on these programs.)

Kentucky's Insurance Coverage, Affordability and Relief to Small Employers (ICARE) program, is a four year pilot program that targets small employers (2-25 employees) who have been uninsured for at least 12 months and average salary does not exceed 300 FPL.

The employer pays at least 50% of premiums and the state pays \$40 per employee, per month. The incentive will be reduced each year by \$10.

Small employer who offer insurance and pay 50% or more of the premium with at least 1 employee in the group with a high-cost medical condition will receive an incentive to remain insured--\$60 per employee, per month which will be reduced each year by \$15. Premiums must be discounted for a healthy lifestyle

Montana's Small Business Health Care Affordability Act, targets small business by creating a new purchasing pool--The State Health Insurance Purchasing Pool. Insurance purchased through this pool will be subsidized on a sliding scale.

Tax credits are extended to small business currently offering health insurance to their employees  
Program is funded by a tobacco tax

New Mexico's New Health Plan Initiative provides low-cost basic health insurance through employer-based benefit program in conjunction with the state.  
Covers uninsured adults up to 200% federal poverty guidelines through employer-sponsored coverage.  
Financed through employer contribution, employee contribution (based on income), Medicaid (matched from unused SCHIP dollars)  
Benefits similar to basic commercial plan.

New York's Program to provide publicly-funded or other type of financed reinsurance for private coverage to assume a portion of insurer's high-cost claims.  
State subsidizes cost for expensive people with the goal of lowering premiums for all, based on the knowledge that 20% of people account for 80% of health care spending.  
State requires all HMOs to offer product  
Small firms with low-wage workers, low income self-employed, uninsured workers without access to employer sponsored insurance may enroll.

Oklahoma's Employer/Employee Partnership for Insurance Coverage (O-EPIC) aims to cover an additional 50,000 residents with incomes at or below 185 percent FPL. The O-EPIC Premium Assistance Program with pay part of the health plan premiums for eligible employees working for qualified Oklahoma small businesses (with 25 or few employees).  
Funded through the state general fund revenues generated by a tobacco tax, Medicaid matching funds, and employer/ employee contributions

The Oregon Health Plan (OHP) is a limited benefit package. The program covers only a limited number of uninsured adults who are not eligible for traditional Medicaid programs or the Children's Health Insurance Program. Most adults who get OHP Standard must pay monthly premiums. OHP Standard does not have copayments. Eligibility for program include:

- An adult (19 years or older)
- Not getting Medicare
- An Oregon resident
- A U.S. citizen or a non-citizen who meets the immigration status requirement
- Currently without major health insurance coverage and has been without coverage for six months. The six-month waiting period is waived in some cases.
- Under the income limit set at the federal poverty level
- Under the resource limit set at \$2,000
- Paid up on OHP premiums billed in the past

Pennsylvania's Health Investment Insurance Act (Act 77 of 2001). Act 77 uses the state's tobacco settlement to provide health insurance to a number of uninsured between the ages of 19 and 64. The program provides health insurance for adults meeting certain income requirements and who do not have health care coverage.

This program -adultBasic- is administered by the Pennsylvania Insurance Department and offers basic benefits, including, preventive care, physician services, diagnosis and treatment of illness or injury, in-patient hospitalization, out-patient hospital services and emergency accident and medical care.

Participation in the adultBasic Program is based on certain eligibility requirements, which include: Having no other health care coverage (including Medicaid or Medicare), lack of prior coverage under any other insurance plan for 90 days prior to enrollment; except for a person (and their spouse) who has been laid off his/her job, family income below 200 percent of the Federal Income Guideline

This program also covers children, [click here](#) for more information.

Washington Basic Health Plan is a state-sponsored program that provides affordable health care coverage to low-income Washington residents through private health plans. Administered by The Health Care Authority that also oversees the Basic Health Plus (for children under age 19) and the Maternity Benefits Program (for pregnant women).

To be eligible for Washington Basic Health Plan an individual must meet income requirements, must not be eligible for free or purchased Medicare; not institutionalized at the time of enrollment; and not attending school full-time in the United States on a student visa. Monthly premiums are based on age, income, family size, and health plan chosen. No copayments are levied for preventive care services. Washington Basic Health includes a \$150 annual deductible and a \$1,500 annual out-of-pocket maximum for enrollees.

#### **Medicaid Reform information**

<http://www.ncsl.org/programs/health/1115waivers.htm>

#### **Medical Homes**

Issue Report: Medical Homes (attached)

#### **Prevention Incentives**

Incentive Programs (attached)

Cheers!

Melissa K. Hansen

NCSL

Research Analyst, II

[Melissa.Hansen@ncsl.org](mailto:Melissa.Hansen@ncsl.org)

(303) 856-1452